



Photo and Social Media Release

Use this form to clearly grant, limit, or decline permission for photos and recordings.

Person Covered by This Release

Full Name _____

Phone or Email _____

☐ I am signing for myself. ☐ I am the parent or legal guardian of the minor named above.

Choose One

☐ YES - I authorize Logan's H.E.A.R.T. to photograph or record me or the minor and use the images, video, voice, or first name for its website, social media, educational materials, fundraising, newsletters, and nonprofit publicity.

☐ LIMITED - I authorize use only as follows:

☐ NO - I do not authorize identifiable photos, video, voice recordings, or name to be posted or published.

Terms

If permission is granted, I understand that no payment is expected; content may be edited for length or format without changing its meaning; and online material may be shared or saved by others beyond Logan's H.E.A.R.T.'s control. I may revoke permission for future use by written notice, but revocation may not remove material already printed, distributed, shared, or published. Logan's H.E.A.R.T. will not intentionally include sensitive medical or personal information without separate permission.

Signature _____

Date _____

Printed Name _____

Relationship if signing for a minor
